



**Access to GP-Led Services across Berkshire,
Windsor & Maidenhead, Hampshire, Surrey,
West Sussex, Wiltshire and the Isle of Wight.**

October 2022

NHS

healthwatch

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Introduction



Introduction

When People's health needs have gone beyond the scope of self care and support from community pharmacies, being able to access support from GP practices is essential for people to be able to maintain their health and wellbeing,

It is a key factor in addressing the health disparities within our society and reducing inequalities in health services. Access to GP-led services also impacts the capacity of, and need for, hospital-based care (such as A&E).

The COVID-19 pandemic has put a huge strain on the NHS and impacted how the public access health services.

Staff at GP practices have been working hard to deliver the vaccine programme and catch up on the backlog of treatments. General Practice has needed to follow NHS England operating standards, revised at different points of the pandemic (see *Timeline p12*).

Like many organisations, general practice needed to adapt quickly as our country went into lockdown and respond to new ways of working such as offering video and telephone consultations. Some people have told us that these new ways of accessing GP services have worked well for them, allowing them to save time and get the help they need, quickly. But for others it's been more difficult, time consuming and frustrating trying to access support when they need it.

The media has recently been fuelling reports that GP practices have been closed during the pandemic, despite the fact that in Dec 21, **29.1 million** consultations were available, of which 3.9 million were covid vaccinations. This is 1 million and 40,000 more than the **24.16** million consultations available in Dec 2019



Similarly, there is a lot of media and national attention on the backlog of operations for hospitals and the need to reduce waiting lists, but we rarely see any mention of the impact this has on GP led services who are the first port of call for those people who are waiting for a procedure or operation.

We have been listening to people's experiences of accessing GP led services and we have also been listening to the staff who have been working in GP practices through the pandemic.

When trying to improve and build better systems for patients and staff It is essential to listen to people's experiences and collaborate with those who use services and also those that provide them.



**Collaborating to get good
outcomes for all**

Collaborating to get good outcomes for all

Local Healthwatch will always remain independent and impartial while working with partners to get things done.

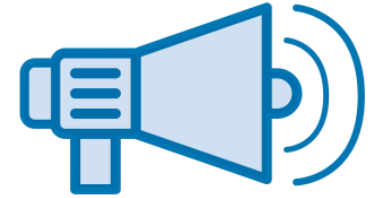
This project began because local Healthwatch were receiving a lot of feedback from the public regarding primary care. Several Healthwatch in the South met to discuss this emerging trend and decided that it was a sensitive issue that required a measured and balanced response.

It was agreed that involving and understanding the way GP practices had been asked to respond and change during the pandemic was critical to establishing a conversation between practices and the people they support.

Early discussions with the NHS and other stakeholder showed that the best way to ensure success would be to establish a regional advisory/working group that would be made up of key stakeholders in primary care and beyond. This included: the Care Quality Commission, GP's, Practice Managers, Reception staff, Local Authority Scrutiny Officer, Commissioners, Integrated Care System communication staff and local Healthwatch. A local advisory group was also set up on the Isle of Wight to gather the views of practice managers and members of GP Patient Participation Groups.



Similar themes had been identified across Berkshire, Wiltshire, Hampshire and Isle of Wight, Windsor and Maidenhead, West Sussex, Surrey, and Berkshire.



This level of partnership and collaboration, on this scale, was a new approach for us but one that was necessary to deliver on this important agenda.

The advisory group has supported the work and been instrumental in developing the staff and public surveys, communications, challenge and solution finding. Going forwards the advisory group will be key in defining and contributing to the next steps and ensuring that we identify constructive solutions to benefit both GP staff and also the people who use their services.

This way of working has been extremely successful, and has offered up considerable learning.

We are very proud of the fantastic work undertaken to date by the advisory group but also by the Healthwatch teams and the collaborative work across the south of England.

The fact that we have had over 250 responses for the primary care staff survey, and over 7000 responses to the public survey, is testament to that.

We have developed **trusting and collaborative relationships** with primary care and the broader system partners that we can build on going forwards – this is **a great achievement**.



Impact
Full

Methodology

What we did:

July 2021: We also set up a regional working group with representatives from the Care Quality Commission, the Local Medical Committee (LMC), Practice Managers, Clinical Commissioning Group communication team, IOW Council and other local Healthwatch.



We did some research into government mandated changes to GP practices during the pandemic. We also looked at data relating to consultations with GP staff both before and during the pandemic



October 2021, we ran a survey for staff who work at GP surgeries, The survey closed on October 19 2021



In November 2021, we ran a survey for the general public, asking them to share their experiences on accessing GP services within the last 6 months (between June and December 2021). The survey closed on December 31 2021.



January/February 2022 we asked our regional and local group members for case studies to illustrate improvements made recently to GP practices



Timeline of changes

Timeline of changes

How GP-led services were asked to operate at different stages of the pandemic

A GP Timeline of the COVID-19 Pandemic

March 2020	GPs are informed by NHS England that remote consultations are to be rolled out to the general public, with face to face consultations only available if absolutely necessary. Total triage was introduced (every patient contacting the practice is first triaged before booking a consultation. This was seen as important, for reducing avoidable footfall in practices, to protect patients and staff from the risk of infection.)
December 2020	First Covid-19 vaccine is administered in the UK.
May 2021	New Guidelines are given by NHS England reversing the need to 'total triage' and that 'all practice receptions should be open to patients' to minimise digital exclusions.
September 2021	Downing Street state 'the public rightly may choose to want to see their GP face to face – and GP practices should be making that facility available to their patients'.
December 21	GP practices were asked by the Government to prioritise covid vaccination/boosters and urgent consultations.



What patients shared



Thank you to the 7613 people across Berkshire, Surrey, Sussex, Windsor & Maidenhead, Wiltshire, Hampshire, Wokingham and the Isle of Wight who responded to our survey.

What patients shared

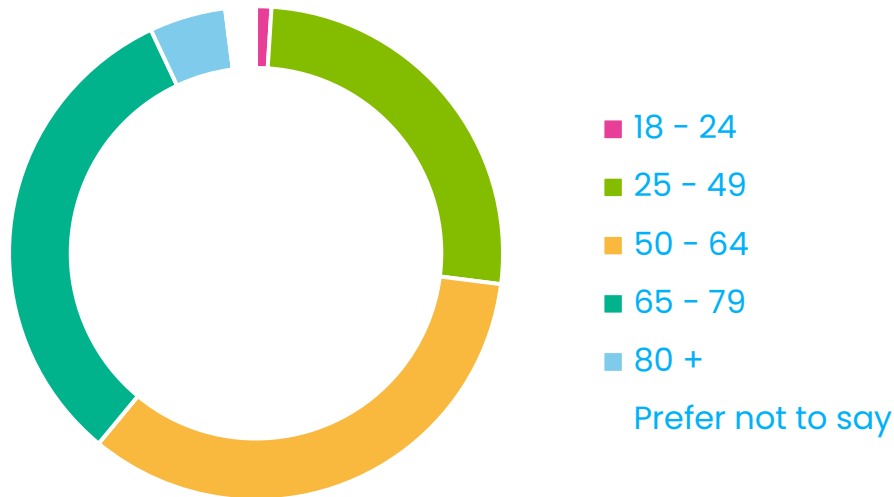
What you told us



83% of respondents contacted the surgery for themselves, 9% for a child and 8% for an adult family member.

31% contacted the surgery due to an urgent health need, 34% for a non-urgent health need with the remaining 35% made up of follow up appointments, medication reviews, routine appointments or test result consultations.

Survey demographics

Age of Respondents



MALE	FEMALE
	
23%	77%

The largest group of respondents were female, aged between 50 – 64, with 27% of coming from this group.

78% of respondents were heterosexual, 4% were lesbian, gay or bisexual with the remaining 18% preferring not to say.

Prevalent Themes

Accessing
GP Services

Online
Services

Triaging

Appointment
Type

Staff
Attitudes



Accessing GP Services



Long Telephone Queues



When calling their surgery, patients said they often found it difficult and exasperating to get through on the telephone. Long telephone queues, along with long, repetitive messages added to frustration.



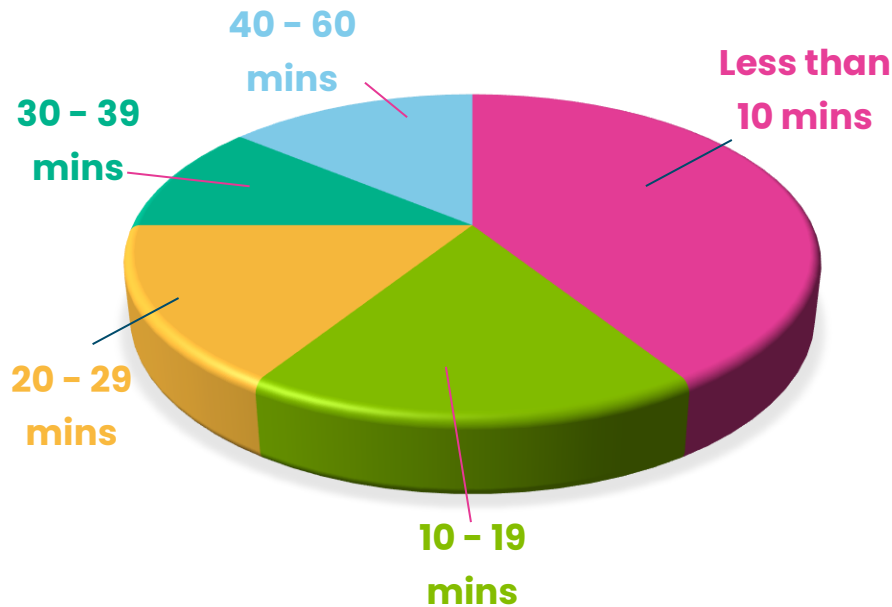
25% of patients recorded that they had waited for 30 minutes or more for their call to be answered.



59% of respondents said that they were not satisfied with the length of time it had taken to answer their call and 46% said that long telephone queues had prevented them from making an appointment with their GP.

Telephoning the surgery

LENGTH OF TIME BEFORE CALL WAS ANSWERED



Time taken to answer	Percentage
Less than 10 mins	41%
10 – 20 mins	18%
20 – 30 mins	16%
30 – 40 mins	11%
40 – 60 mins	14%

4,360 people answered this question. 59% of people had their call answered within 20 minutes. 25% of those asked had to wait more than half an hour for their call to be answered.

Long Telephone Queues

- ☎ Covid restrictions have made remote communications such as online services and use of the telephone even more important; and although a lot of restrictions have now eased, people may still more reluctant to go into the surgery if they don't have to.
- ☎ The sheer volume of calls have meant that patients are waiting longer on the phone, especially if their query cannot be answered by online services, such as eConsult, or they don't use it.
- ☎ Issues with the workings of the phone system were highlighted, with some saying that they got cut off just as the call was being answered, or that their place in the queue went backwards.

“I phoned the practice at 8.30 and was told I was 20th in the queue. I held on the phone for an hour and when eventually I got to speak to a receptionist I was told there were no spaces left – try again after 1330.”

Long Telephone Queues

- ☎ Long, convoluted messages on the telephone systems has been noted as a source of frustration – particularly if the patient has to call multiple times and has to listen to the message over and over.
- ☎ The cost that long telephone queues is also a factor, especially for those on pay as you go mobiles or landlines.

“ While it did not prevent me from making an appointment, a single call to the GP cost £7.

- ☎ 46% of respondents said that the length of the telephone queue put them off contacting their GP surgery.

“ Absolutely awful each time. On three separate occasions I had to try about 15-25 times, 3 times rang and cut me off after waiting 15 minutes.

Online Services



Online Services



Overall, 5% of people told us that difficulties with internet or a lack of confidence with online services had prevented them from making an appointment with their GP. This figure does vary across the area, depending on the demographic of the patient population.



Whilst 59% of patients said that they were able to use eConsult, 45% of these rated it rather or very poor.



76% felt that online services had actually made access more difficult or had made no difference.

Online Services

It would be prudent to note that not all surgeries across Hampshire, Isle of Wight, Sussex, Wiltshire, Berkshire, Wokingham and Surrey offer online consultations, or have the availability visible to patients.

Online Services, such as eConsult get a mixed response, with patients recognising the benefits of such systems, with others becoming frustrated at its limitations.

When long telephone queues make people reluctant to call the surgery , online services become one of the main (if not only) ways available to some to access primary healthcare. There is a risk that an inferior service is being offered to those who are not able, for whatever reason, to use technology.

Online Services – Challenges

- ☞ Lack of reliable internet connectivity, leading to Digital Exclusion.

“ *The technology I have is not up to modern standards. I can do emails, but the equipment is very old and I cannot afford to update now.* ”

- ☞ A desire for ‘human contact’ – to speak with a person. There is a fear that symptoms could be missed through lack of face to face interaction.

“ *The person sitting in front of a doctor may not know they have kidney problems but the doctor could see the colour of the skin / eyes. Computer questions can't do that.* ”

Online Services – Challenges

- ☞ The way in which the patient interacts with eConsult – i.e. the pathway of questions can lead to frustration and inaccuracies in answers in order to get the preferred result.

“ I find the online form appallingly inadequate ... it continually tells me to call 111 due to the severity of my condition, but 111 are unable to help me. And so, I am forced to lie about the severity of my pain so that i can use (it) and gain access to a phone call from my GP.

- ☞ A lack of continuity has been cited as a concern, as the online consultation can be picked up by any practitioner, rather than one who has seen the patient before.

“ I feel confident my chosen GP will be able to help and advise me. Seeing a GP who is familiar with my health issues will take far less time than a GP I have never had any contact with.”

Online Services – The Successes

- ☞ The timely way in which a patient can access healthcare, in particular for those who work and find it difficult to go into a surgery. Convenience and ease of access is the major success.

“ I like the convenient timing, the speedy turnaround, the ability for me to fill in the consult form at my own pace so I remember everything I wanted to.

“ I didn't need to visit the surgery so I didn't have to take time of work. Prescription was ready the next day, and advice on accessing physio through an app was great.

“ Got the answer I needed within 24hrs. Wasn't urgent and Econsult appropriate as didn't need to bother staff with phone call. Was impressed with quick response to it as not urgent at all.

Online Services – A side note

There seems to be an inconsistency across the South with which system is being used, when it is being used and even if it is being used at all.

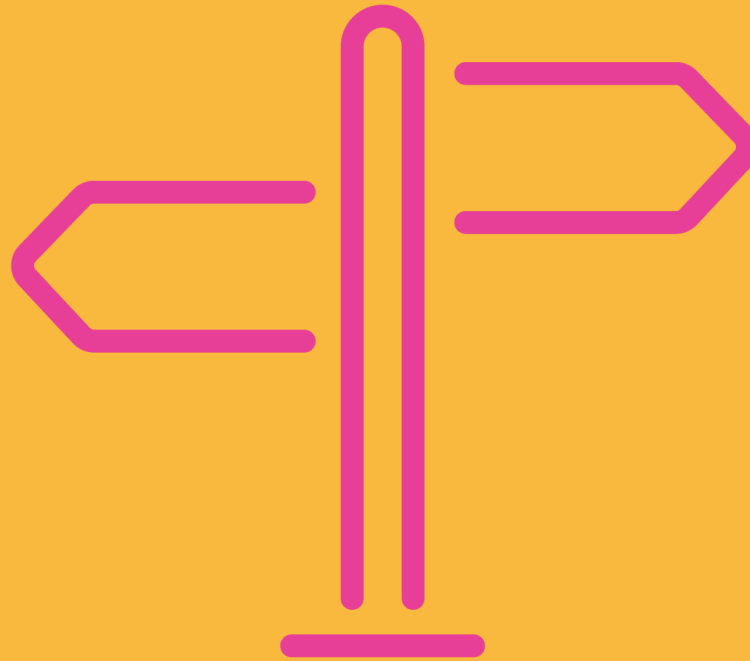
This makes consistent, effective messaging difficult.

Particular mention was placed on the operating times of online systems such as eConsult. Many respondents were confused as to why the online service was not available outside of working hours – evenings or weekends, when it may be more convenient for some people to use them.

“ *In my experience eConsult can only be used during opening hours- this is a barrier for those who work certain shifts and for those whose symptoms/reason for contact present outside of office hours.* ”

“ *I also do not understand why you cannot complete an E-Consult outside of working hours i.e. evenings or weekends?* ”

Triaging



Triaging

When calling the surgery, most patients are greeted with an automated message stating that the patient advisor will ask a brief description of the issue in order to get them through to the most appropriate clinician.

This is an important step as it differentiates the patient advisors from receptionists, giving them the ability to accurately triage.

However, public perception has not caught up and people phoning the GP surgery still perceive them as call handlers and through the comments received from the survey, it is clear to see that this misconception has created resentment. Patient advisors are often referred to as the 'gatekeepers of the GP surgery'.

“ Neither my Son or myself, felt it appropriate that the decision of a diagnosis/treatment was made by a non clinical member of staff (ie:- a receptionist) with no or limited medical knowledge, over the telephone! This experience hasn't instilled confidence in either of us, regarding our G.P services offered both now & in the future.

Triaging – What patients told us

“ The receptionist told me the result of my cholesterol test and said the GP wanted me to follow a low fat diet and have another test in a year. She then went on to suggest foods I could eat to reduce the fat in my diet. I didn't think receptionists were supposed to give health advice.

“ Reception staff need to work on their customer service. However, medical practitioners were brilliant – it's just getting through the reception staff that's tricky.

“ I can't fault the face-to-face service I received, but trying to communicate with the reception staff my needs was somewhat difficult and I didn't feel I was listened to.

“ My GP is always perfect. The reception is another story. They seem to think they are the doctors.

Triaging – What patients told us

“

The new telephone service allows the operator to act as practice gatekeeper which is embarrassing when you want to discuss personal and sensitive matters with your GP.

“

Always busy, but when got through (had to wait about 15 minutes) the receptionist was extremely helpful and got me an appointment with nurse practitioner in time to get new medication for when needed.

“

I had the phone conversation the day I rang the surgery. Everyone quickly realised my issue that I needed same day attention. The triage system worked brilliantly.”

“

The problem I had needed ‘eyes on’ to make an accurate diagnosis, I was given a face to face appointment after the telephone triage call which I thought was very good.

Appointment Availability



Appointment Type/Availability



55% of consultations were given over the telephone and 30% were face to face (either at their own or an alternative surgery).



65% of respondents felt they saw the practice staff best placed to deal with their issue.



34% of respondents were not clear at the end of their consultation what the next steps for their diagnosis, treatment or care were.

Appointment Type

- ⊕ Covid restrictions accelerated the use and need of online services, forcing patients, and workforce alike, to adopt a new way of access their healthcare.
- ⊕ Some patients have found the convenience of online services and telephone appointments have worked for them, better than before.

“ I didn't need to visit the surgery so I didn't have to take time of work. Prescription was ready the next day, and advice on accessing physio through an app was great.

- ⊕ Many commented that the lack of face-to –face interaction with their healthcare provider was a cause of concern and frustration.
- ⊕ Some people with communication difficulties, including those with a mental health condition, learning disability or those with hearing loss, find it difficult to get a face to face appointment.

Appointment Type

- ⊕ Some didn't trust that they received the same level of care and attention over online or via the telephone that they would have done face to face, leading to a mistrust of diagnosis and treatment.

“I really cannot understand how phone consultations are considered best practice when it's clear that a great deal more often valuable clinical information can be gathered by face to face observation, a patient cannot always communicate verbally what seems to be the problem and it is often the wider senses and observations that trigger the right questions from the doctor.”

- ⊕ Telephone consultations necessitate a call-back from the clinician. The lack of suitable time frame given for these is another source of frustrations where patients are juggling work and family commitments.

“If I were to ring my surgery, they don't offer exact times for phone appointments. I can't answer the phone at work, but if I know a time in advance then I can be covered so I can take the call. It has been impossible for me to speak to a doctor recently.”

Appointment Availability

- ⊕ As restrictions eased, most GP surgeries were still offering on the day only appointments, meaning that patients had to call (normally either at 8am when the surgery opens or at midday, when the afternoon appointments are released). This appointment management ultimately results in those times becoming bottle-necks and a telephonic scramble for available slots to see a GP. Across all areas, Healthwatch received a great deal of feedback concerning the lack of available appointments and having to call repeatedly day after day to secure one.

“ I phoned the practice at 8.30 and was told I was 20th in the queue. I held on the phone for an hour and when eventually I got to speak to a receptionist I was told there were no spaces left – try again after 1330.

“ I rang every morning at 8am for 8 days in a row, and two afternoons at 2pm. Each time, when I got to the top of the queue I was told that the appointments were all taken or I got a message saying all the operators were busy.

Staff Attitudes



Staff Attitudes



Feedback surrounding staff attitudes is more often than not centered around the patient advisors, who people often describe as 'gatekeepers'.



Triaging seems to have caused confusion amongst patients and there is a lack of understanding as to the need for it and why it is done at point of contact.



Most who saw a GP commented that they felt listened to and were positive about their experience.

Staff Attitudes

- 👤 The tone of the responses is mixed, with some expressing understanding of the pressures that the surgeries are under, and others not understanding why the restrictions implemented under Covid are still in place.
- 👤 A large amount of feedback refers to the attitudes of reception staff – although this is mixed.



The person fielding the initial call sounded weary - no doubt because of the volume of calls - and therefore not particularly engaged with my concerns.



Thankfully the receptionist was lovely and managed to get a phone call for my child even though there were no appointment slots left. The doctor called after the surgery had closed and sorted a prescription over the phone.

Staff Attitudes

- 👤 Some responses highlight the caring nature of the clinicians, once they have been seen or spoken with.

“ *All staff were professional and helpful. My appointment was on time and I was made to feel it was important, despite the restraints on their time because of the current situation.* ”

“ *Very happy with the staff response - friendly, good-natured and helpful. Some of this probably depends on the way patients treat THEM.* ”

“ *The practice nurse was kind , caring and helped me with the problem I had.* ”

Staff Attitudes

- 👤 People told us that some staff appearing rushed, or stressed, partly due to the time constraints and everyday pressures.

“ *1 minute 30seconds is not enough time to discuss the issue and decide on treatment.* ”

“ *The booking of the appointment worked well. The nurse appeared harassed.* ”

“ *I was given an examination and told by the nurse that it was rushed due to her lack of time. This meant having to book further appointments, as she had not complete the appointment thoroughly.* ”

“ *The doctor spoke with me on the phone then asked me to come in face to face. They were very thorough and reassuring.* ”



What frontline staff shared

What frontline staff in GP surgeries shared with us



In November 2021, Healthwatch opened a survey for all staff in GP surgeries across many areas of the south, from the Isle of Wight to West Sussex, to ascertain their views on how their work has changed in the last 18 months. They were asked to share their thoughts on their surgery – the strengths and where there could be improvements. 267 people responded from a variety of job roles – 55% were non-clinical.

The emerging themes from this survey include a tired, overstretched workforce that are becoming frustrated with the public's demands and attitudes. There is a call for patient engagement to highlight the way in which triaging works and why this is necessary.

However, what is most striking is the pride the staff have with how they have delivered consultations to the public and the way in which they have adapted their working practices in the fast paced changes that the COVID-19 pandemic brought about.

Themes from Staff Survey



Patients are now more impatient and verbal aggression towards staff has increased



Workload has increased and GP practices are busier than ever



Staff are very proud of the way they have kept patient safe whilst finding different ways to care for people.

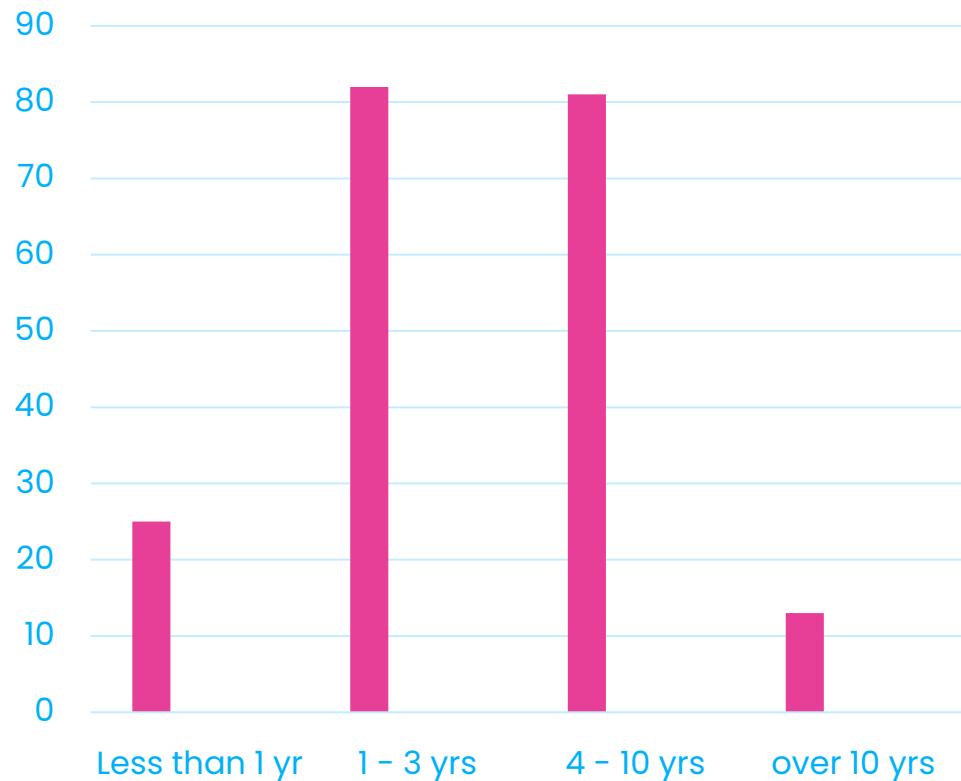
267 members of staff from GP Practices across the south, completed our survey to share their experiences. Many of them were proud of the work they have done during the pandemic

"We have a strong community feel within the practice."

"We have a great team of paramedics delivering domiciliary visits which has freed up valuable time for GP's to consult with more patients in surgery."

Results from GP Staff Survey

Length of time staff have worked at the GP Practice



72% of staff said that their workload had increased during the past 12 months.

“much busier: working longer hours, more appointments, more complex cases: feeling exhausted.”

much busier, now doing a lot of phone consultations which we never did before . patients are much angrier in general . we are having 20% increase of demand on appointments than before covid and I think our staff numbers are less. we are all tired.

71 members of staff felt that the increased use of technology had been beneficial to themselves and patients, while 71 also said that they felt it had increased their workload and they are now busier than ever.

What 3 things do patients need to know?

253 staff responded to this question: **What three things do you think patients need to know before they contact your practice, that would help them and you?** These are the top messages in order of frequency/popularity:

- The GP practice is **under huge pressure** and may be short of staff due to Covid – please be patient, we are committed to helping you (40 mentions).
- **Options to try** before contacting the practice, e.g. pharmacy, self help, NHS 111, online info, physio and other First Contact Practitioners, etc (30 mentions).
- You may be referred to **a practitioner other than a GP** – most appointments will be via phone first followed by face to face consultation if needed (19 mentions).
- **Be prepared:** give a clear description of symptoms and when they started (15 mentions).
- **How triage works**, i.e. the receptionist will ask you questions to direct you to the practitioner best suited to your needs (12 mentions).
- **How to book an appointment** (online or phone) and expected length of appointment (12 mentions).
- **Don't be rude to staff**, it won't help (9 mentions).
- Face to face appointments **are an ongoing option** (8 mentions).

Less frequently mentioned but still common were:

- **Follow our Covid requirements** (mask, waiting arrangements, etc).
- **Book on the day** appointments over the phone – **book advance** appointments online.



“I am very proud of the service the medical centre in which I work delivers to its patients but the continued increased pressure cannot be sustained and staff morale is at rock bottom, particularly as patients don’t seem to appreciate how swift a service we provide.”

(Non-clinical staff, 4+ years in service)





**Improvements already
made**

Improvements already made by GP practices

Since this survey was undertaken, there have been some changes in the way in which calls have been handled within some practices. In some instances, additional staff have been recruited and in others phone systems have been replaced.

The role of Patient Participation Groups have been reinstated in some surgeries, after a long Covid-required absence, giving patients a direct voice to the practice.

Additional roles have been introduced into GP surgeries, creating more breadth of service and affording the patient more targeted care.



Douglas Bader
Rehabilitation Centre

Conclusion

Conclusion

There is an air of frustration that wraps itself around the answers given to this survey. Whilst there seems to be an understanding that GPs are overwhelmed with work, there appears to be a lack of empathy towards this and a sense of confusion as to why face to face appointments are not more readily available.

Unsurprisingly, a lot of this frustration appears to be targeted towards the front desk – the first point of contact. ‘Gatekeeper’ is a term that is quoted and used to describe patient advisors, and a lack of understanding of the need of triaging has created resentment towards people having to divulge information to a ‘non-medically trained individual’. This exasperation is only heightened when having to spend so long on hold waiting for the call to be answered.

However, most patients are grateful and positive about their experience, once they get through to the primary care clinician.

One of the principles of the [NHS Constitution for England](#) states that "The patient will be at the heart of everything the NHS does". This means involving and consulting patients, their families and carers on all decisions about their care and treatment. The service should also actively encourage feedback from the public, patients and staff to improve its services. Providers should support individuals to share decision making, and promote and manage their own health where appropriate. NHS services must reflect, and should be coordinated around and tailored to the needs and preferences of patients, their families and their carers.

The Fuller stocktake published in May this year, recognise the value of primary care, at the very heart of our local communities, whilst acknowledging that 'general practice staff are "stretched beyond capacity with staff morale at a record low'. It seeks to set out a vision for integrating primary care by reducing health inequalities, improving access for people and by ensuring that health and social care systems work alongside local people and communities in the planning and implementation processes.

In addition to the framework for shared action, detailed in this report, changes to GP contracts this year, put additional requirements on primary care networks and GP practices to ensure that patients are able to book more appointments online and to register with a practice digitally.

Co-producing this project with multiple partners across the South was a new way of working, which allowed us to look at primary care through multiple lenses.

Comments from patients highlight the need for further public engagement in order to create understanding of the triage systems, and the various and best methods of access.

Local Healthwatch have started the conversation with local people and staff, but this conversation must be continued to ensure that there is an alignment between local people and local services.



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